

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/21/2012

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000196618

INSTALLATION NAME:

UNION CARBIDE CORPORATION - NIACET SITE REMEDIATION

INSTALLATION ADDRESS:

400 47TH ST - SURROUND OUTDOOR AREAS WITH IMPACTED SOILS **NIAGARA FALLS, NY 14304**

MAILING ADDRESS:

PO BOX 8361 **SOUTH CHARLESTON, WV 25303**

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: UNION CARBIDE CORPORATION - NIACET SITE REMEDIATION

or Current Occupant

ATTN: TIMOTHY KING

PO BOX 8361

SOUTH CHARLESTON, WV 25303

OMB# 2050-0024; Expires 12/31/2014





SEND COMPLETED United States Environmental Protection Agency FORM TO: RCRA SUBTITLE C SITE IDENTIFICATION FORM The Appropriate State or Regional Office Reason for Reason for Submittal: Submittal To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) MARK ALL ☐ To provide a Subsequent Notification (to update site identification information for this location) BOX(ES) THAT ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application **APPLY** As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #____ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) ☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) EPA ID Number | NY | R | 0 0 0 | 1 | 9 | 6 | 6 | 1 | 8 | Site EPA ID 2. Number 3. Site Name Name: Union Carbide Corporation- Niacet Site Remediation Street Address: 400 47th Street - Surrounding Outdoor Areas with Impacted Soils **Site Location** Information City, Town, or Village: Niagara Falls County: Niagara Country: US Zip Code: 14304 State: NY ✓ Private County District Federal Tribal Municipal State Other Site Land Type 3 | 2 | 5 | 1 | 9 | 9 | 3 2 | 5 1 | 8 | 8 | NAICS Code(s) C. for the Site (at least 5-digit | 3 | 2 | 5 | 6 | 1 | 3 | 3 | 2 | 5 | 4 | 1 | 1 | В. D. codes) Street or P.O. Box: PO BOX 8361 Site Mailing Address City, Town, or Village: South Charleston State: WV Zip Code: 25303 Country: US First Name: Timothy Last: King **Site Contact** MI: A Person Title: Remediation Lead Street or P.O. Box: PO BOX 8361 City, Town or Village: South Charleston Zip Code: 25303 State: WV Country: US Email: Phone: 3047473763 Date Became 01/01/1978 A. Name of Site's Legal Owner: Niacet Corporation 9. Legal Owner Owner: and Operator Owner Type: Private County of the Site District Federal Tribal Municipal State Other Street or P.O. Box: 400 47th Street City, Town, or Village: Niagara Falls Phone: 716-285-1474 Zip Code: 14304 Country: US Date Became 05/30/2001 B. Name of Site's Operator: Union Carbide Company Operator: Other ✓ Private County District Federal Tribal Municipal State

EPA Form 8700-12, 8700-13 A/B, 8700-23 (Revised 12/2011) \\ \(\) \\ \(\)

enceiled 9/7/12. Mr. Calin

| EPA ID Number | | OMB#: 2050-0024; Expires 12/31/2014 | | | | |
|--|--|---|--|--|--|--|
| 10. Type of Regulated Waste Mark "Yes" or "No" for al | Activity (at your site) current activities (as of the date submitting the | form); complete any additional boxes as instructed. | | | | |
| A. Hazardous Waste Activitie | es; Complete all parts 1-10. | | | | | |
| | Hazardous Waste k only one of the following – a, b, or c. Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material. | Y N ✓ 5. Transporter of Hazardous Waste If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. | | | | |
| □b. SQG: | 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste. | Y N ✓ 7. Recycler of Hazardous Waste | | | | |
| c. CESQG: | Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. other generator activities in 2-4. | Y N ✓ 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption | | | | |
| event and not f | enerator (generate from a short-term or one-time rom on-going processes). If "Yes", provide an the Comments section. | b. Smelting, Melting, and Refining Furnace Exemption | | | | |
| Y N ✓ 3. United States | Importer of Hazardous Waste | Y N ✓ 9. Underground Injection Control | | | | |
| Y N 4. Mixed Waste | (hazardous and radioactive) Generator | Y N 10. Receives Hazardous Waste from Offsite | | | | |
| B. Universal Waste Activities | s; Complete all parts 1-2. | C. Used Oil Activities; Complete all parts 1-4. | | | | |
| accumula regulation types of t | antity Handler of Universal Waste (you te 5,000kg or more) [refer to your State ns to determine what is regulated]. Indicate universal waste managed at your site. If "Yes", hat apply. | Y N 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) | | | | |
| a. Batterio | | Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. | | | | |
| b. Pesticio | y containing equipment | a. Processor | | | | |
| d. Lamps | , sometimes equipment | b. Re-refiner | | | | |
| | specify) | | | | | |
| f. Other (| specify) | Y N ✓ 3. Off-Specification Used Oil Burner | | | | |
| g. Other (| specify) | Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply. | | | | |
| | on Facility for Universal Waste nazardous waste permit may be required for this | a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications | | | | |

| EP | A ID Number | Ш | | Ш | | | | | | | | | | OMB# | <i>‡</i> : 2050-0024; | Ехрі | res 12/31/2014 |
|--|--|-----------|-----------|---------|---------|--------|--------|-------|---------|---|-----------|-------|-----------------|-----------|-----------------------|---------|----------------|
| D. | Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K | | | | | | | | | | | | | | | | |
| | You car | n ONLY | Opt int | o Sub | part k | C if: | | | | | | | | | | | |
| | you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND | | | | | | | | | mal affiliation ation agreement with | | | | | | | |
| | • you | have che | ecked v | vith y | our St | ate to | dete | rmine | if 40 | CFR | Part 26 | 62 S | Subpart K is e | effective | e in your state | | |
| Υ[| you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply: | | | | | | | | | stes in laboratories t apply: | | | | | | | |
| | la | a. Colleg | e or U | nivers | ity | | | | | | | | | | | | |
| | | . Teach | ing Ho | spital | that is | s owr | ned by | or ha | as a fo | ormal | written | affi | iliation agree | ment w | ith a college o | r unive | rsity |
| | | . Non-p | rofit Ins | stitute | that i | s owr | ned by | or h | as a f | orma | l writter | n aff | filiation agree | ement v | vith a college o | r unive | ersity |
| Υ[| N 2. W | Vithdrawi | ng fron | n 40 (| CFR P | Part 2 | 62 Su | bpart | K for | the n | nanage | mer | nt of hazardo | ous was | stes in laborato | ries | |
| 11. | Description of | of Hazar | dous V | Naste |) | | | | | | | | | | | | |
| A. | | | | | | | | | | | | | | | | | |
| | D009 | | | | | | | | | | | | | | | | |
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| B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed. | | | | | | | | | | | | | | | | | |
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| EPA ID Number | OME | 3#: 2050-0024; Expires 12/31/2014 | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 12. Notification of Hazardous Secondary Mater | ial (HSM) Activity | | | | | | | |
| Y N ✓ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)? | | | | | | | | |
| If "Yes", you <u>must</u> fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material. | | | | | | | | |
| 13. Comments | | | | | | | | |
| >This application covers hazardous waste tha | t will be generated as part of planned soil | remediation activities that will be | | | | | | |
| conducted by Union Carbide Corporation (UC | C) on the Niacet Coporation facility located | d at 400 47th Street, Niagara Falls, NY, | | | | | | |
| under a Voluntary Cleanup Agreement with th | e New York State Department of Environn | nental Conservation dated 05/30/01. | | | | | | |
| >UCC are aware that Niacet Coporation have | their own existing EPA ID # (#NYD088419 | 9890). Niacet Corporation does not | | | | | | |
| want UCC to manage hazardous waste under | their ID #, so UCC is submitting this appli | cation for a separate EPA ID #. | | | | | | |
| >Niacet is a conditionally exempt haz.waste g | enerator, and only generates waste inside | of the waste water treatment building. | | | | | | |
| >This application for EPA ID # pertains to rem | ediation of mercury impacted soil that will | be excavated from the areas | | | | | | |
| surrounding (and outside of) the existing Niacet buildings. | | | | | | | | |
| >There are no plublic streets between the remediation areas and the Niacet facilities. | | | | | | | | |
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| 14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11). | | | | | | | | |
| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) | | | | | | |
| wigg | Timothy A. King/Remediation Lead | 9/5/12 | | | | | | |
| | | , | | | | | | |
| | | | | | | | | |

77 Goodell Street Buffalo, New York 14203

TEL: (716) 856-5636 FAX: (716) 856-2545



2012 SEP - 7 PM 12: 33

Letter of Transmittal

RCRA PROGRAMS BRANCH

To:

USEPA Region 2

Date: September 6, 2012

DEPP - RCRA Programs Branch

290 Broadway, 22nd Floor

New York, NY 10007-1866

Job No.: 41568531

Attention: RCRA Notifications

RE: RCRA Subtitle C Site Identification

| SENDING | | TRANSMITTED | VIA | | | | | | |
|--|----------------|---|-------------------------------|--|--|--|--|--|--|
| ☐ ORIGINAL | S | ☐ FOR APPROVAL | ☐ HAND DELIVERY | | | | | | |
| PRINTS | | ☐ FOR YOUR USE | U.S. MAIL | | | | | | |
| ☐ COMPUTE | R DISKS | ☐ AS REQUESTED | | | | | | | |
| □ DOCUMENT □ | TTS | ☐ FOR REVIEW AND COMMENT | ☐ COURIER | | | | | | |
| ☐ OTHER | | OTHER | ☐ ELECTRONIC FILE TRANSFER | | | | | | |
| | | | | | | | | | |
| COPIES | DATE | DESCRIPTION | | | | | | | |
| 1 | September 2012 | RCRA Subtitle C Site Identification Form – Initial Notification Union Carbide Corporation – Niacet Site Remediation | | | | | | | |
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| Remarks: | | | | | | | | | |
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Colin Wasteneys, P.G. Project Manager

Copies to:

File: 41568531